

Transition of Children's Dental Benefits to Managed Care

February 26, 2021

Introduction

Informational Letters

- **# 2189**
 - Notification of Transition
- **# 2217**
 - Q & A: Public Hearing Follow Up

Introduction

- The administration of children's dental benefits is shifting from FFS Medicaid to Managed Care
 - **Pre-Ambulatory Health Plans (PAHPs):**
 - Delta Dental of Iowa (DDIA)
 - Managed Care of North America (MCNA)
- Target implementation date is July 1, 2021
- Impacts children ages 0 through 18 years of age
- No impact to Hawki program

Children's Dental Transition

Support for Transition:

- Members will have a choice in benefit administrator
- Families can now be enrolled with the same administrator to eliminate confusion
- PAHP's will have more provider influence and less administrative burdens for better access to care for members
- Contractually, the PAHP's are allowed to increase fees up to 105% of the FFS reimbursement rates (PAHP's will receive capitation payments based on Medicaid FFS rates)
- PAHP's will be collaborating with I-Smile for outreach and education, care coordination and direct services
- Allows for a more predictable budget for the state to manage

Children's Dental Transition

Program Name

Dental Wellness Plan (DWP) Kids

Plan Design

Benefit package will remain the same

- EPSDT requirements must be met
- No annual benefit maximum
- No Healthy Behaviors



Member Notification and Assignment

- Members will be notified in March of the transition and plan assignment in June.
- Passively assigned effective July 1
- Members can request a change to the dental plan administrators they were assigned to up until September 30
- Beginning October 1, members must meet “good cause” in order to switch to a different dental plan administrator
- Members will still have an annual choice period where they can change dental plan administrators

Good Cause Reasons

- A member's *established* provider is not enrolled in the network they have been assigned to
- A member needs related services to be performed at the same time and not all services are available within their assigned dental plan administrator network
- A member's provider has been terminated or no longer participates with the member's dental plan administrator
- Poor quality of care given by a dental plan administrator

DHS 'Good Cause' webpage: <https://dhs.iowa.gov/iahealthlink/choosing-a-health-plan/good-cause>

Member Outreach

- IME will provide choice counseling to members to answer questions and identifying factors to consider when choosing a dental plan
- IME will not be notifying members if their provider is enrolled in the dental plans network they have been assigned to

Provider Steering

- Federal law prohibits providers from “steering” a member (making recommendation for or against enrollment with a specific dental plan)

Member Eligibility and Plan Assignment Verification

Iowa Medicaid Enterprise

The Eligibility Verification System (ELVS) is available 24/7

- Portal: <https://ime-ediss5010.noridian.com/iowaxchange5010>
- Telephone: **1-800-338-7752** (toll free) or **515-323-9639** (local Des Moines)

MCNA

- MCNA: <http://portal.mcna.net> or 1-855-856-6262

Delta Dental

- Delta Dental: <https://deltadental.com/dwp/> or 1-888-472-2793

Continuity of Care

- **Prior Authorizations:** Non-expired PA's will be honored through September 30th (for services approved through FFS)
- **Claims:** Claims submitted by a non-network provider will be honored by the dental plans through September 30th
- **Emergency Services:** Any non-contracted provider rendering services to a member in an emergent situation will be reimbursed the FFS rate after September 30th

QUESTIONS RECEIVED DURING PUBLIC COMMENT PERIOD

Prior Authorizations

- Prior Authorization Codes have been streamlined across all payers:

https://dhs.iowa.gov/sites/default/files/Iowa_Medicaid_Dental_Wellness_Codes_Requiring_Prior_Authorization.pdf

Enrollment and Exclusion

Enrollment

- 297,227 members
- 163,562 households

Excluded populations:

- HIPP (Health Insurance Premium Payment Program)
- Presumptive eligible individuals
- Nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions
- Persons eligible only for the Medicare Savings Program
- Medically needy
- Periods or retroactive eligibility

Children in Foster Care

- Children in foster care will be assigned to a dental plan administrator (parallels the medical side)
- Same process applies to foster children who would like to switch dental plan administrators (first 90 days without cause, after 90 days with cause, or during the member's annual open enrollment time frame)

Distribution of Population (Balance of Patients)

- Federal rules around distributing members equally among plans, unless there are performance issues (example: sanctions and/or management capacity concerns)
- IME algorithm will “balance” membership (families and history taken into account)
- Hawki members moving to DWP Kids will stay with DDIA

Readiness Review: May 2021

- External Quality Review Organization:
 - ✓ Operations/Administration
 - ✓ Service Delivery
 - ✓ Financial Management
 - ✓ Systems Management

Plan Design

- No plan design changes expected
 - No Healthy Behavior Requirement
 - No Annual Benefit Maximum



Orthodontia Claims

Ortho processing policies are the same across all three payers:

- ☐ Prior Authorization required
- ☐ Medical necessity determined by a minimum score of 26 using the Salzman tool
- ☐ MCNA, DDIA and IME will accept electronic/3D and cast molds

Provider Participation Flexibilities

Participating Providers CAN:

Choose which dental plan administrators to anticipate with

- Limit the number of member they accept into their practice
- Choose to limit which populations they see (children/adults)

Dental Plan Administrator Flexibilities

Dental Plan Administrators CAN:

- Set their own reimbursement fee schedules up to 105% of the FFS reimbursement rate
- Offer value based services and incentives to providers (IME approval needed)

Payment Mechanism

- The dental plans will be paid a capitation rate for each member assigned to them (based on FFS reimbursement)
- For each dollar – the dental plans must spend \$.88 on services to members (Medical Loss Ratio – MLR)
- The majority of spending must go towards patient care or returned to IME

Hospital Cases & In-Office Sedation

Dental Plans Cover

- In-office sedation
- Dental services provided in a hospital setting
- The PA process will remain the same (ideally, services approved prior to treatment) but if not:
 - Retro prior authorization
 - Post treatment review

Medical Plans Cover

- Anesthesia and facility costs when provided in a hospital setting
 - No changes to the MCO process for hospital cases

Monitoring and Evaluation

IME Oversight Committees:

- ☐ IME collects, stores and analyze data
- ☐ Data used to support informed decision making
- ☐ Key factors on program impact at the federal, state and local level
- ☐ Identify opportunities to build capacity
- ☐ Guidance on how to overcome challenges using evidence

Dental Specialists

- IME, DDIA and MCNA will continue their established claim review process already in place for DWP, which includes dental specialty providers available for consultation
- Specialist networks between MCNA and DDIA may vary depending on provider contracts established

Claims Submission

- Claims submitted to IME, DDIA or MCNA must identify the treating and rendering provider appropriately

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)			TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
48. Name, Address, City, State, Zip Code			53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.	
			X _____ Signed (Treating Dentist) Date	
49. NPI	50. License Number	51. SSN or TIN	54. NPI	55. License Number
			56. Address, City, State, Zip Code	56a. Provider Specialty Code
52. Phone Number () -	52a. Additional Provider ID		57. Phone Number () -	58. Additional Provider ID

Provider Hotlines

DDIA:

- ProvRelations@deltadentalia.com
- 1-888-472-2793

MCNA:

- ia_pr_dept@mcna.net
- 1-855-856-6262

Iowa Medicaid Enterprise:

- 1-800-338-7909 (Toll Free)
- 515-256-4609 (Des Moines Area)
- 515-725-1155 (fax)

Questions?

imedental@dhs.state.ia.us